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Bib Data Sheet

CONFIRMATION NO. 7188

<b>SERIAL NUMBER</b> 09/836,672	<b>FILING DATE</b> 04/16/2001 <b>RULE</b>	<b>CLASS</b> 235	<b>GROUP ART UNIT</b> 2826	<b>ATTORNEY DOCKET NO.</b> 12288
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**APPLICANTS**  
Duane Wrasman, Albuquerque, NM;  
Wesley M. Mays, Coppell, TX;

**\*\* CONTINUING DATA \*\*** *yes/DP*  
THIS APPLN CLAIMS BENEFIT OF 60/197,103 04/12/2000 \*  
(\* ) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*** *No/DP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 06/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>DP</i>	Initials		

**ADDRESS**  
ORUM & ROTH  
53 WEST JACKSON BOULEVARD  
CHICAGO ,IL 60604-3606

**TITLE**  
Dual mode RFID device

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

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Bib Data Sheet

CONFIRMATION NO. 7188

<b>SERIAL NUMBER</b> 09/836,672	<b>FILING DATE</b> 04/16/2001 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2636	<b>ATTORNEY DOCKET NO.</b> 12288	
<b>APPLICANTS</b> Duane Wrasman, Albuquerque, NM; Wesley M. Mays, Coppell, TX;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/197,763 04/17/2000 * (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/11/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ORUM & ROTH 53 WEST JACKSON BOULEVARD CHICAGO ,IL 60604-3606					
<b>TITLE</b> Dual mode RFID device					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		